

CERTIFICATION OF TRUST



OHIO DEFERRED
COMPENSATION

The undersigned Trustee(s) hereby certify the following:

1. This Certification of Trust refers to the _____ Trust dated, _____, which is a trust agreement executed by _____ as Trustor(s) and initial Trustee(s), and is the trust instrument attached hereto and incorporated herein by reference.
2. The Trustor, _____, of the attached trust agreement is the recipient of Ohio Public Employees Deferred Compensation account, XXX-XX-

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Social Security Number (last 4) Employer Code Suffix
3. The Trustee(s) and their successors are designated in article _____ of the trust agreement. The undersigned are the currently acting Trustee(s) of said trust, and are the only Trustee(s) qualified to act.
4. The authority of the Trustee(s) is fully set forth in article _____ of the trust agreement.
5. As of the date of execution of this Certification of Trust, this trust agreement is the only trust having full force and effect, the trust has not been revoked, and there have been no amendments to it.
6. The undersigned Trustee(s) release the Ohio Public Employees Deferred Compensation Program, its employees, and agents, including its service providers, from all liability for any action taken by the Trustee(s), and for all amounts paid to, or at the direction of, the Trustee(s), and shall not hold the Program responsible to see to the application of amounts paid to the Trustee(s), and will fully indemnify the Program for all claims of third parties arising from its reliance on the Trustee(s) directions.

The statements in this Certification of Trust are true and correct.

Trustee Signature

Trustee Signature

State of _____

County of _____

The foregoing instrument was personally acknowledged before me this _____ (date) by _____ (name(s) of person(s) acknowledged.)

Notary Public Signature

(Notary Seal)

Printed Name

Commission Expires

257 East Town Street, Suite 457, Columbus, Ohio 43215-4626
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